Date:_	



Permit	#	
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6400 El Verde Road, Leon Valley, TX 78238 Phone: (210) 684-1391 X 226 Fax: (210) 509-8288

SWIMMING POOL PERMIT APPLICATION Fee based on Project Value

Job Site Address:					
Value of the	Requested Pool: \$				
Name of Contractor:	actor:Phone No.:				
Contractor's Email:					
Contractor's Address: (Address)	(6)	(0)			
(Address)	(City)	(State)	(Zip)		
Property Owner/Business Name:		Phone No.:			
Property Owner/Business Email:					
Property Owner/ Business Address:					
I certify that the real property records and its appurtenances are NOT being le	ocated on or in a restri	ictive easement.	J		
Signed:	Title:	Date:			
**************************************	AING POOL PERMIT	REQUIREMENTS			
2. The POOL shall be fenced w	ith a permanent fenc	e or wall not less than si	ix (6) feet in height. A		
gate or gates to the pool are t	to be kept LOCKED	at all times.			
3. Failure to call for a final insp	pection within sixty (60) days of the permit is	suance will require a		
re-inspection fee of \$65.00					
		FRI. FROM 7:30 AM to 11:30 A			
Office Use Only:					
SWIMMING POOL PEI	RMIT APPROVED BY	/:			
		Building Office			
			Rev. 08/02/16 EC		